



Mother and child care

Factsheet 3/4



Relax - you can breastfeed when returning to work

In studies, up to 43% of mothers stated returning to work as the reason they gave up breastfeeding¹⁻⁴.

However, maintaining an active working life need not be a barrier to continuing to breastfeed your baby.

Expressing milk can help you to continue to breastfeed

Many working women supplement breastfeeding with the use of breast pumps, which enable others to feed their baby while they are at work⁵. There are a variety of pumps available to purchase: single and double breast pumps, manual and electric, and some with additional features such as variable expressing positions, comfort cushions and variable pressure settings to enhance your comfort while expressing⁶.

#relax4moremilk



Continuing to breastfeed benefits both you and your employer

Remember to **ask for support** if you are returning to work

On returning to work, ask your employer about breastfeeding breaks and having access to a dedicated space in which to express milk. Remember, breastfeeding support in the workplace benefits businesses⁷ – your baby will be better protected from infections, which means less time off work for you.

Tips for successful milk expression:

- Find a relaxing space in which to express milk⁸, as breastmilk volume has been closely linked to psychological well-being and levels of stress^{9,10}
- Try 10–15 minutes of breathing exercises, or listening to music, prior to breastfeeding to help you to feel calm^{11,12}
- Expressing milk while close to your baby helps with milk production; when this is not possible, having a photo or piece of your baby's clothing to look at may help¹³
- When you first try to express milk you may only get a few drops, but do persevere because the more you practise the easier it gets¹³
- Try expressing at different times of the day to see what works best for you¹³

If you are thinking of returning to work and considering expressing your milk, ask your healthcare professional to support you with finding the most suitable infant feeding solution.

References: 1. De Jager M, et al. *Eur Obstet Gyn Suppl* 2012;25–30; 2. Odom EC, et al. *Pediatrics* 2013;131:e726; 3. Li R, et al. *Pediatrics* 2008;122:S69–S76; 4. Cwiek D. *Ann Acad Med Stetin* 2010;56:129–32; 5. Labiner-Wolfe J, et al. *Pediatrics* 2008;122:S63–S68; 6. Burton P, et al. *Journal of Human Lactation* 2013;29:412–419; 7. Bartick M, et al. *Pediatrics* 2010;125:e1048–1056; 8. Hauck YL, et al. *Int Breastfeed J* 2008;3:20; 9. Yu RJ, et al. Philips Research Shanghai, 2012; 10. Ueda T, et al. *Obstet Gynecol* 1994;84:259–262; 11. Philips Avent Relaxation Study. Data on file; 12. Keith DR, et al. *Adv Neonatal Care* 2012;12:112–119; 13. The Breastfeeding Network. 2009: https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFNExpressing_and_Storing.pdf; accessed July 2016.

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